

Company eVendor Agreement

ePayments Division/ West Virginia State Auditor's Office - 1900 Kanawha Blvd E - Bldg 1, Rm W-125 - Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 558-4376 www.wvsao.gov

Vendor Name: _____

FEIN: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

PAYMENT NOTIFICATION

1. Email Address: _____

Contact Name: _____

Phone Number: _____

2. Email Address: _____

Contact Name: _____

Phone Number: _____

ACCESS TO REMITTANCE INFORMATION

Please choose a username and password. Both can contain alphanumeric characters and can be no longer than 15 characters. A link to VISTA (Vendor Inquiry System To the Auditor) will be provided in your email notification or it can be accessed via the Auditor's Home Page, www.wvsao.gov. At this site, expanded remittance information (well beyond that which is printed on a check stub) will be available. You may print or download your remittance information in either an Excel and/or an ASCII Flat File format.

Web Access User Name: _____

Password: _____

Does your company receive any remittance that may be considered confidential?
(e.g. Patient information that is protected under HIPAA)

☐ Yes ☐ No

ACCOUNT INFORMATION

Bank Name: _____

☐ Checking

☐ Saving

Routing Number: _____

☐ Add

☐ Change

☐ Cancel

Account Number: _____

Please attach a voided company check with this form.

I (Company) hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution named above, hereinafter called Depository, and to credit the same to such account. I (Company) further authorize the State to initiate debit entries as adjustments for credit entries made in error. Also I (Company) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until the State has received a notice of termination from me, or a company representative, in such time and manner to afford the State a reasonable opportunity to act on it.

Signature _____

Date _____

Print Name _____

Title _____